

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		5/8/00
O.I.P.E. CLASSIFIER		19	5/22/00
FORMALITY REVIEW	<i>SH</i>	60245	7-13-00
RESPONSE FORMALITY REVIEW		60245	9-27-00

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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